



Independence Is Freedom

LAKE COUNTY CENTER FOR INDEPENDENT LIVING

Lake County Center for Independent Living (LCCIL) serving Lake and McHenry Counties submits the following comments and recommendations for consideration with regard to the proposed Illinois 1115 Medicaid waiver.

A. Delivery System Transformation

Illinois is making Health homes a critical part of Illinois 1115 waiver. The Health homes must be built based on the needs of all persons with disabilities. They must be accessible and staffed with trained and qualified persons. The health-home must include peer to peer relationships, peer mentoring and advocacy. The waiver needs to identify the specific community infrastructure(s) that need to be strengthened in the community that will enable individuals to remain in their own community post-transition and avoid re-institutionalization

Health homes must include comprehensive care management, care coordination. Health promotion, comprehensive transitional care/follow-up and patient & family supports. There must be opportunities for referral to community and social support services that include peer mentoring, peer relationships and advocacy..

The 1115 Waiver must bring health care providers, health plans, and other stakeholders with varied and possibly conflicting perspectives and agendas to collaborate toward achievement of common goals. This can be accomplished by removing institutional bias taking into account the quality of life along with the integration of stakeholder's ideas and passions.

Delivery System Reforms need to include improvement in health plan performance, health care quality, and measurable outcomes. Illinois needs to implement a range of initiatives to coordinate and integrate care beyond traditional managed care. These initiatives should focus on improving care for populations with chronic and complex conditions, arranging payment incentives with performance goals, and building in accountability for high quality care and service.

B. Population Health

The waiver must include all eligible patients with health issues. Preventative care needs to be expanded to reach patients before they become serious ill. New vendors needed to be added to the services. The vendors should include all aspects of preventative care. It is important to identify prevention and wellness strategies to help individuals enrolled in Medicaid to better self-manage their health. The waiver should not engage in strategies that don't take into consideration the medical and behavioral support needs of individuals with intellectual and developmental disabilities and/or mental illnesses. The medical model is not and should not be the only avenue for all people with disabilities. The waiver must consider persons with developmental disabilities. The Waiver should look to increased resources for addiction prevention, including investment in community intervention and early intervention prevention programs.

C. Workforce

The waiver must include a network of providers including primary care, specialists, hospitals, long-term, personal care attendants and behavioral health specialists as needed to meet needs of the eligible population in Illinois. Low Medicaid physician fees, physician participation and access have been a major issue and barrier to successful outcomes of Medicaid. To help shore up and enhance physician participation in Medicaid, the health reform law requires states to raise their Medicaid fees to at least Medicare levels, for family physicians, internists, and pediatricians for many primary care services in both fee-for-service and managed care settings. The primary care fee increase, which applies in 2013 and 2014, is fully federally funded up to the difference between a state's Medicaid fees in effect on July 1, 2009 and Medicare fees in 2013 and 2014. A recent survey indicates that on average, Medicaid physician fees for primary care services will rise by an average of 73% in 2013. Illinois must incorporate this fee increase in its 1115 waiver.

The Waiver should ensure multi-year increases to rates and reimbursements to increase the average hourly wage paid to direct service personnel such as direct care staff, front-line supervisors, support professionals and ensure community-based providers are able to recruit and retain quality staff and reduce gaps in service needs.

D. Home and Community-Based Infrastructure, Choice and Coordination

The new structure must maintain patient choice with added provisions for advocate groups to empower eligible recipients. The waiver must work hard to develop a universal tool for assessment that will work across all disability groups. Community partners should have input on this tool. The "care plan" must allow for flexibility to meet all needs so many choices will be available to each eligible recipient. The waiver must have procedural safeguards to ensure that services are delivered on an equal basis with medical services. As an example, services must include recovery in mental health and independent living for people with various disabilities.

Recommendations

- Representative from disability community serve on "The Pathway Transformation team (INCIL would be a good representative)
- The final waiver when implemented must include provision for patient/consumer advocate (disability advocate, elderly advocate, DD & MI advocate and parent advocate)
- Appeal denial of services
- Patient/consumer rights to appeal any implementation and care plan changes.
- Must publish six month progress "The Pathway Transformation" for each of first three years and quarterly thereafter. Report must be made public.
- This waiver will results in a major change in way healthcare services is delivered in Illinois. Require that implementation require public forms, meetings and input.